| I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and |  |
|---|--|
| that my name appears above, or on an attachment with all other like empowered.  |  |
|   |  |

SIGNATURE: DAVID CIPOLLONI

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000043719 Entity Name: ACS EDUCATIONAL RESOURCES & CONSULTANT, LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

**Current Principal Place of Business:** 

53 NORTH OLD KINGS ROAD A, B,C, D &E. ORMOND BEACH, FL 32174

## **Current Mailing Address:**

53 NORTH OLD KINGS ROAD Е ORMOND BEACH, FL 32174 US

## FEI Number: 45-4920620

### Name and Address of Current Registered Agent:

CIPOLLONI, DAVID CHARLES PHD 208 PINE CONE TRAIL ORMOND BEACH, FL 32174 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| , ,                                      | 0 0 0   | 0   | 0 / /   |  |
|--|---|---|---|--|
| DAVID CIPOLLONI, PHD                     |   |   |   | 04/16/2021   |
| Electronic Signature of Registered Agent |   |   |   | Date   |
| erson(s) Detail :                        |   |   |   |  |
| PRESIDENT.                               |   | Title   | VICEPRESIDENT   |  |
| CIPOLLONI, DAVID C. DR.                  |   | Name  | CIPOLLONI , AMBAR J DR.   |  |
| 208 PINE CONE TRAIL<br>A -B-D            |   | Address   | 53 NORTH OLD KINGS ROAD<br>A, B,C, D &E.  |  |
| ORMOND BEACH FL 32174                    |   | City-State-Zip:   | ORMOND BEACH FL 32174   |  |
|  | Electronic Signature of Registered Agent<br>erson(s) Detail :<br>PRESIDENT.<br>CIPOLLONI, DAVID C. DR.<br>208 PINE CONE TRAIL<br>A -B-D | Electronic Signature of Registered Agent<br>erson(s) Detail :<br>PRESIDENT.<br>CIPOLLONI, DAVID C. DR.<br>208 PINE CONE TRAIL<br>A -B-D | Electronic Signature of Registered Agent   erson(s) Detail :   PRESIDENT. Title   CIPOLLONI, DAVID C. DR. Name   208 PINE CONE TRAIL Address   A -B-D Address | Electronic Signature of Registered Agent   erson(s) Detail :   PRESIDENT. Title VICEPRESIDENT   CIPOLLONI, DAVID C. DR. Name CIPOLLONI , AMBAR J DR.   208 PINE CONE TRAIL Address 53 NORTH OLD KINGS ROAD<br>A, B,C, D & AMP;E. |

MANAGER

04/16/2021

# FILED Apr 16, 2021 Secretary of State 9819102426CC

Certificate of Status Desired: Yes

Date